



C O N S U L T I N G

GVNW CONSULTING, INC.

3220 Pleasant Run

Springfield, IL 62707

(217) 698-2700 (Tel.)

(217) 698-2715 (Fax)

[www.gvnw.com](http://www.gvnw.com)

REDACTED - FOR PUBLIC INSPECTION

Via ECFS

June 27, 2014

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 Twelfth Street S.W.  
Room 5-A225  
Washington, D.C. 20554

**RE: FCC FORM 481 – CARRIER ANNUAL REPORTING DATA COLLECTION  
CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE  
ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-  
92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL  
COMMUNICATIONS COMMISSION (FILED IN DOCKETS 14-58) AND  
CONFIDENTIAL FINANCIAL INFORMATION FILED PURSUANT TO SECTIONS  
.457 AND .459 OF THE FEDERAL COMMUNICATIONS COMMISSION RULES**

Dear Ms. Dortch,

McDonald County Telephone Company (McDonald) hereby submits the attached redacted and confidential versions of its “FCC Form 481 – Carrier Annual Reporting Data Collection” financial information pursuant to sections §54.313 and §54.422 of the Commission’s rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). McDonald maintains that this information is “Confidential Financial Information” on the grounds that it is competitively sensitive information which could be used to disadvantage or harm McDonald, and is submitting this information pursuant to Protective Order, DA 12-1857 as described below. In addition, McDonald is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission’s rules for the Five-Year Service Quality Improvement Plan that is required by section 54.313(a)(1) to be attached to this report. Similar to the financial information submitted under section 54.313(f)(2), the information contained in the Five-Year Service Quality Improvement Plan contains competitively sensitive information,

including but not limited to projected build-out plans and capital expenditures, that is secure from public access that could be used by a competitor to disadvantage or harm McDonald.

First, McDonald is submitting the 54.313(f)(2) “Confidential Financial Information” as a “Stamped Confidential Document” with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION and also submitting the .457 and .459 “Confidential Financial Information” as a “Stamped Confidential Document” with each page labeled “CONFIDENTIAL – NOT FOR PUBLIC INSPECTION”. One copy of the “Stamped Confidential Document(s)” and accompanying cover letter are enclosed.

Second, McDonald is submitting the “Stamped Confidential Document(s)” as a “Redacted Confidential Document” where the “Confidential Financial Information” has been redacted. Two copies of the “Redacted Confidential Document(s)” and accompanying cover letter with each page labeled “REDACTED - FOR PUBLIC INSPECTION” are enclosed.

Finally, McDonald is submitting two copies of the “Stamped Confidential Document(s)” and accompanying cover letter to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 Twelfth Street S.W., Room 5-A452, Washington, D.C. 20554.

Please contact me with any questions you have on this filing.

Sincerely,  
*/s/ Dave Beier*

Dave Beier  
Consulting Manager  
GVNW Consulting, Inc.  
(217) 698-2700  
[dbeier@gvnw.com](mailto:dbeier@gvnw.com)

Enclosures

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3090-0819 July 2013
<010> Study Area Code	421912	
<015> Study Area Name	MCDONALD COUNTY TEL	
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Andy Schein, GVNW Consulting Inc.	
<035> Contact Telephone Number: Number of the person identified in data line <030>	7195945020 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	aschein@gvnw.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(attach descriptive document)</i>			
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(attach descriptive document)</i>			
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 421912M0510.pdf		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(attach descriptive document)</i>			
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 421912M0610.pdf		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(attach descriptive document)</i>			
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 421912M01010.pdf		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(attach descriptive document)</i>			
<1100> Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>(if not, check to indicate certification)</i>			
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>			
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481
		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GWN Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945820 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gwnv.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input checked="" type="radio"/> <input type="radio"/>
<111>	If your answer to line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

421912H0112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input checked="" type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input checked="" type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input checked="" type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input checked="" type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input checked="" type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

[illegible]





(710) Broadband Price Offerings Data Collection Form			FCC Form 487 OMB Control No: 3060-0086 / OMB Control No: 3060-0019 July 2013
<010>	Study Area Code	421912	
<015>	Study Area Name	MCDONALD COUNTY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVM Consulting Inc.	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945820 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnm.com	

[illegible]



<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Randy Schein, GWN Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195948820 ext.
<038>	Contact Email Address - Email Address of person identified in data line <030>	arschein@gwn.com
<810>	Reporting Carrier	McDonald County Telephone
<811>	Holding Company	McDonald County Communications
<812>	Operating Company	McDonald County Telephone

[illegible]



<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GW98 Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195948820 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvw.com

<910>	Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

	Select (Yes, No, NA)
§ 54.313(a)(9) includes:	
<921> needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements	

If your company serves Tribal lands, please select (Yes/No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		July 2013	

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, G70N Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945820 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@g70nw.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



(1200) Terms and Condition for Lifeline Customers		FCC Form 481	
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Data Collection Form		July 2013	

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVM Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945620 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvmv.com

421912M01210.pdf
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220>	Link to Public Website	HTTP	<a href="http://psc.mo.gov/CMSInternetData/ConsumerInformation/NoUSF.pdf">http://psc.mo.gov/CMSInternetData/ConsumerInformation/NoUSF.pdf</a>	Name of Attached Document
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"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Retain Carriers affiliated with Price Cap Local Exchange Carriers		July 2013

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVM Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945830 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvmw.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>

<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>
	2016 and future Frozen Support Certification	<input type="checkbox"/>

<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>

<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2018>	3rd Year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th Year Broadband Service Certification	<input type="checkbox"/>
	Interim Progress Certification	<input type="checkbox"/>

Please check the box to confirm that the attached document(s) on line 2021 contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021>	Interim Progress Community Anchor Institutions	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Name of Attached Document Listing Required Information



(3000) Rate of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 483  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
JULY 2013

<010> Study Area Code 421912  
<015> Study Area Name MIDLAND COUNTY TEL  
<020> Program Year 2015  
<030> Contact Name - Person USAC should contact regarding the data Andy Scheidt, GURN CONSULTING INC.  
<035> Contact Telephone Number - Number of person identified in data line <030> 7195541820 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> ascheidt@gurninc.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

Please check this box to confirm that the attached document(s) on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i). The carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

421912ND3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	421912
<015> Study Area Name	MCDONALD COUNTY TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035> Contact Telephone Number - Number of person identified in data line <030>	7195945820 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	aschein@gvnw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	421912	
<015> Study Area Name	MCDONALD COUNTY TEL	
<020> Program Year	2015	
<030> Contact Name - Person USAC should contact regarding this data	Andy Schein, GVM Consulting Inc.	
<035> Contact Telephone Number - Number of person identified in data line <030>	7195945820 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	aschein@gvm.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: MCDONALD COUNTY TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 421912	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: MCDONALD COUNTY TEL	
Name of Authorized Agent or Employee of Agent: Andy Schein, GVM Consulting Inc.	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: Andy Schein	
Title or position of Authorized Agent or Employee of Agent: Sr. Cost Consultant	
Telephone number of Authorized Agent or Employee of Agent: 7195945800 ext.	
Study Area Code of Reporting Carrier: 421912	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



<010> Study Area Code 421912  
 <015> Study Area Name McDONALD COUNTY TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Andy Schein, GVM Consulting Inc.  
 <035> Contact Telephone Number - Number of person identified in data line <030> 7195945820 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> aschein@gvm.com

1/1/2014

<701> Residential Local Service Charge Effective Date  
 <702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>		<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area	Total per line Rates and Fees	
MO	Pineville		FR	14.0	0.0	0.0	0.0	14.0	
MO	Anderson		FR	14.0	0.0	0.0	0.0	14.0	
MO	Jane		FR	14.0	0.0	0.0	0.0	14.0	
								</	

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	421912
<015>	Study Area Name	MC DONALD COUNTY TSL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rudy Schein, gvwv Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945820 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	aschein@gvwv.com

[illegible]



421912 M 0112

McDonald County Telephone

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

PREAMBLE

McDonald County Telephone ("McDonald") has carefully developed its improvement plan, concentrating on the delivery and continuation of a robust network which provides, at a minimum, the federally required voice and broadband connectivity as stipulated by regulatory rule.

McDonald advises that this improvement plan has been carefully crafted, matching measured network deployment, improvement and quality service levels with known financial implications of the Transformation Order upon the Company's support cash-flows. The uncertainty of such cash flows being received in later years as a result of current and potential regulatory action on rural rate-of-return carriers has resulted in the Company taking a balanced, yet realistic, approach.

The environment in which the Company operates remains dynamic, not static. As a result, McDonald reserves the opportunity to modify its plan in response to changing market demands as well as future regulatory decisions, and their impacts upon the Company's financial viability in providing quality services.

McDonald will re-evaluate this plan on an annual basis. Action, however, may also be taken abruptly on the presented plan for both current and later years in the event of evolving regulatory conditions and/or changes in technology (vendor)-driven support. All adjustments to the improvement plan in this document will be reflected and explained in subsequent annual reports.



**McDonald County Telephone**





## McDonald County Telephone

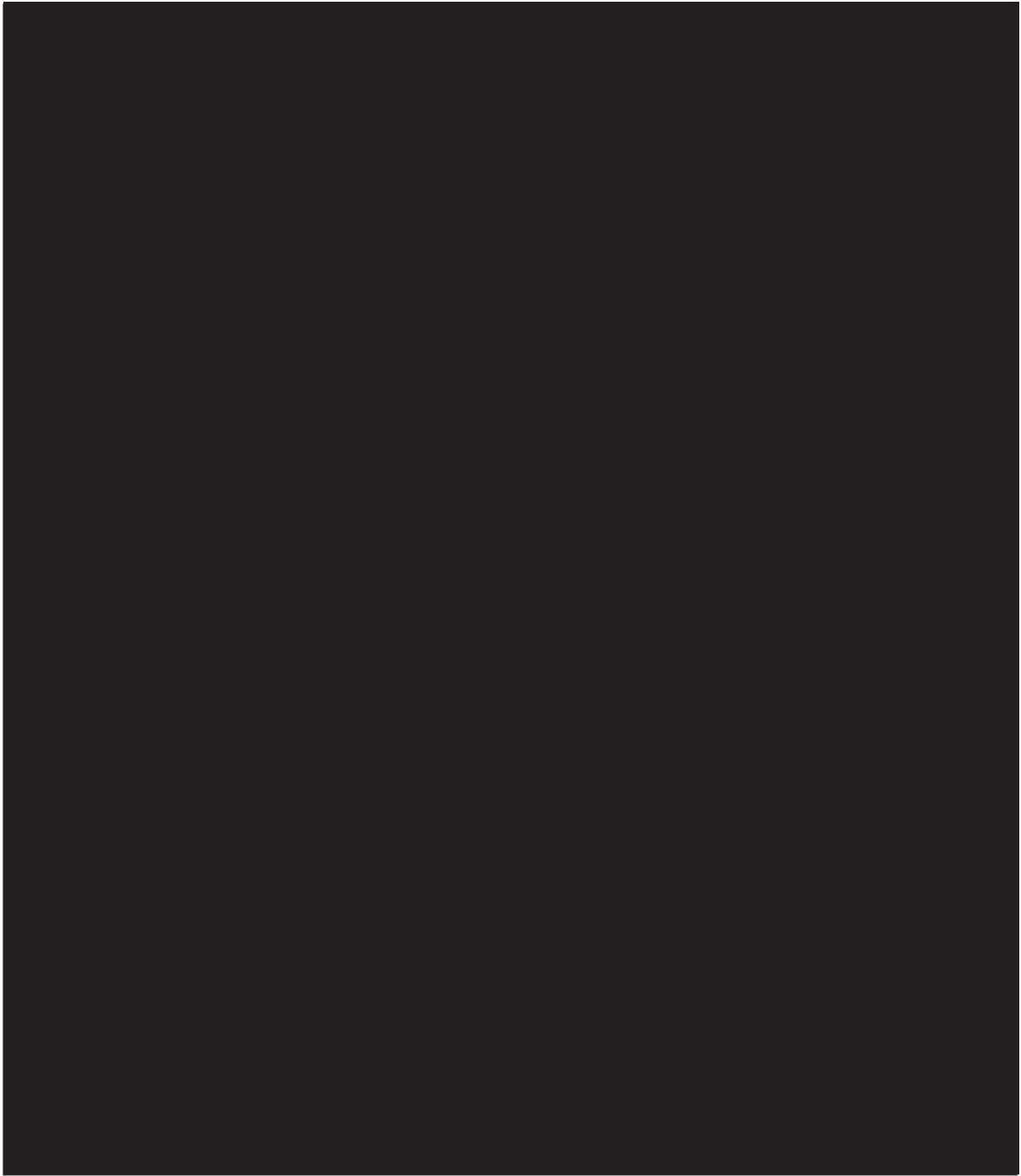


**McDonald County Telephone**





McDonald County Telephone



REDACTED - FOR PUBLIC INSPECTION







REDACTED - FOR PUBLIC INSPECTION



FCC Form 481  
OMB Control No. 3060-0986 /OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVIN Consulting Inc.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7195945920 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ascheine@gvin.com
<810>	Reporting Carrier	McDonald County Telephone
<811>	Holding Company	McDonald County Communications
<812>	Operating Company	McDonald County Telephone

[illegible]

421912 MO 510

**Line 510 - Service Quality Standards & Consumer Protection Rules Compliance:**

Consumer Protection

Voice and Broadband

MCT complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity threat. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

McDonald County Telephone (MCT) complies with the service quality standards and consumer protection rules of the state of Missouri as promulgated in Missouri regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations has been waived by the Missouri Public Service Commission). MCT is committed to providing the highest quality service to its customers.

Broadband

McDonald County Telephone follows the service standards noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.



421 912 MD610

## **Line 610 – Description of Functionality in Emergency Situations**

### Back-up Power for Both Voice and Broadband Services

McDonald County Telephone prides itself on updating and maintaining all its plant and equipment to prevent outages before they happen. If outages do happen, the Company has 24-hour on call staff and alarm reporting systems in place that send notifications to the 24 hour personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality in the event of a limited commercial power failure.

The Company utilizes battery back-up (AC and DC power) systems and standby generators in all its central offices. This enables the company to sustain a power outage for at least 4-5 days for the Jane exchange, and indefinitely for the Anderson and Pineville exchanges. McDonald County also has mobile generators that allow for another source of back-up power in case of back-up failure.

The Company performs exercises to test disaster preparedness on each site's back-up power systems which are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

### Ability to reroute traffic/data around damaged facilities

McDonald County Telephone does have redundant interexchange facilities to the tandem that would allow it to reroute traffic to its connecting company/toll tandem if needed. The Company also has redundant facilities between its exchanges. Thus, in case of damaged CWF facilities, the Company has the ability to reroute traffic in most areas.

### Capability to manage traffic/data spikes resulting from emergency situations

The Company has 3,100+ local service customers, switching capacity of 250,000 simultaneous calls in all exchanges, and transport capacity for 168,000 (Anderson exchange) and 312,000 (Pineville exchange) simultaneous calls. The Company also serves over 1900+ broadband customers thru its ISP affiliate. McDonald County Telephone takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.

421912 MO 101.0

Voice Service Rate Comparability

As evidenced by the data provided in line 700 of this Form 481, the Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384).



4/21 9/12 Mo 12/10

## [McDonald County Telephone Company] Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$9.25. The Disabled program offers a \$3.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)  <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability <input type="checkbox"/> Federal Supplemental Security Income

Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address <i>(no P.O. Boxes):</i> Street:  City, Town, Zip:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i>	
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i>			

\*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.



**I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:**

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

\_\_\_\_\_ I certify I have \_\_\_\_\_ individuals in my household.  
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,080	\$20,426	\$25,772	\$31,118	\$36,464	\$41,810	\$47,156	\$52,502	+ \$5,346/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

**Company Use Only:**

I hereby attest the applicant presented acceptable proof of eligibility:

\_\_\_\_\_  
Print name of company official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

McDonald County Telephone Company

417 223-4313 or 417 845-6919



**I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:**

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

\_\_\_\_\_ I certify I have \_\_\_\_\_ individuals in my household.  
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,080	\$20,426	\$25,772	\$31,118	\$36,464	\$41,810	\$47,156	\$52,502	+ \$5,346/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

**Company Use Only:**

I hereby attest the applicant presented acceptable proof of eligibility:

\_\_\_\_\_  
Print name of company official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

McDonald County Telephone Company

417 223-4313 or 417 845-6919

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.7 Lifeline Service

A. General

1. Lifeline Service is available to qualifying low-income subscribers for single party residence service.
2. The monthly discount will be the maximum amount allowed by the Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services.
3. Lifeline Service will not be furnished on a Foreign Exchange service.
4. Lifeline Service shall not be disconnected for non-payment of toll charges providing the Lifeline customer subscribes to Toll Blocking Service.
5. Toll Blocking Service provides a means of restricting access to the Long Distance Message Telecommunications Network. Toll Blocking for the purposes of Lifeline Service will restrict 1+, 0+ and 0- (operator handled) calls.
  - a. If the customer chooses "Toll Blocking Service" the company will not charge a service deposit.
  - b. Toll Blocking Service is offered to Lifeline subscribers at no charge.

(C)

(C)

(D)

Issued: March 19, 2012

Effective: April 18, 2012

Ross Babbitt, President  
McDonald County Telephone Company  
P.O. Box 207  
Pineville, MO 64856

FILED  
Missouri Public  
Service Commission  
JI-2012-0483



LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.7 Lifeline Service (Cont'd)

B. Eligibility Requirements

1. An applicant must meet all of the following criteria in order to qualify for Lifeline Service:

a. To qualify for Lifeline the consumer must participate in one of the following programs:

1. Medicaid
2. Food stamps
3. Supplemental Security Income (SSI)
4. Federal Public Housing Assistance or Section 8
5. Low Income Home Energy Assistance Program
6. Temporary Assistance to Needy Families (TANF)
7. National Free Lunch Program
8. The customer's income, as defined in 47 CFR Section 54.400(f), must be at or below 135% of the Federal Poverty Guidelines (eff. June 1, 2012).

(N)

b. The customer must sign, under penalty of perjury a document certifying:

1. He/she is receiving benefits from one of the programs in B.1.a above.
2. Name of the program(s) from which they are receiving benefits.
3. That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.

c. The premises at which the residence service is requested must be the applicant's principal place of residence.

d. There is only one telephone line serving the residence premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.

e. Customer Annual Responsibility

All Lifeline customers as of June 1, 2012 must certify with the Company that they are still eligible for Lifeline support by December 31 each year. Customers may certify in person, over the phone or in writing. Customers will not be required to provide verifying documentation.

(N)

f. Access Recovery Charge (ARC)

Eligible Lifeline customers are exempt from ARC (effective July 1, 2012).

(N)

Issued: March 19, 2012

Effective: April 18, 2012

Ross Babbitt, President  
McDonald County Telephone Company  
P.O. Box 207  
Pineville, MO 64856

FILED  
Missouri Public  
Service Commission  
JI-2012-0483

McDonald County Telephone Company

P.S.C. MO No. 5  
1<sup>st</sup> Revised Sheet No. 4-19  
Replaces Original Sheet No. 4-19

**LOCAL EXCHANGE SERVICE**

4. Local Exchange Service (Cont'd)

4.8 Reserved for Future Use

(D)

(D)

Issued: April 11, 2013

Ross Babbitt, President  
McDonald County Telephone Company  
704 Main Street  
P.O. Box 207  
Pineville, MO 64856-0207

Effective: June 1, 2013

FILED  
Missouri Public  
Service Commission  
JI-2013-0440

**LOCAL EXCHANGE SERVICE**

4. Local Exchange Service

4.1 Description

Local exchange service provides for unlimited calling within the boundaries of the Anderson, Jane, and Pineville exchanges as they are shown on the maps in Section 4.5. This service is subject to all terms and conditions as outlined in this tariff. Access to facilities to end users for interexchange carriers offering interexchange services are provided under the company's intrastate and interstate access tariffs. Local exchange service rates are listed in Section 4.4. (T)

(T)

(D)

4.2 Terms and Conditions

A. Business Rates Apply:

1. To any location where activities are of a business, trade, or professional nature.
2. To any location where the listing of service at that location indicates a business, trade, or profession.
3. Where only one network access line is provided at a location which is both a residence and a business.
4. To schools, hospitals, libraries, churches, lodges, and other similar institutions.
5. To any number where public advertising provides evidence that the number is used for business purposes.

B. Residence Rates Apply:

1. In private residence where business listings are not provided and telephone service is not used for the conduct of business.
2. In the place of residence of a clergyman, physician, or other medical practitioner provided the subscriber does not maintain an office in the residence.

Issued: April 11, 2013

Ross Babbitt, President  
McDonald County Telephone Company  
704 Main Street  
P.O. Box 207  
Pineville, MO 64856-0207

Effective: June 1, 2013

FILED  
Missouri Public  
Service Commission  
JL-2013-0440



McDonald County Telephone Company

P.S.C. MO No. 5  
Original Sheet No. 4-2

LOCAL EXCHANGE SERVICE

Missouri Public  
Service Commission

4. Local Exchange Service (Cont'd)

REC'D MAY 05 1999

4.2 Terms and Conditions (Cont'd)

(C) RESERVED FOR FUTURE USE

Missouri Public  
Service Commission  
98-347  
FILED JUN 16 1999

Issued: MAY 05 1999

Ross Babbitt, President  
McDonald County Telephone Co.  
P.O. Box 207  
Pineville, MO 64856

Effective: June 16, 1999

McDonald County Telephone Company

P.S.C. MO No. 5  
Original Sheet No. 4-3

LOCAL EXCHANGE SERVICE

Missouri Public  
Service Commission

4. Local Exchange Service (Cont'd)

REC'D MAY 05 1999

4.2 Terms and Conditions (Cont'd)

D. Taxes, Fees, and Charges

When any city, county or taxing authority imposes a franchise, occupation, business sales, license, excise, privilege, or similar tax of any kind on this Company, the amounts therein so far as practical, shall be charged on a pro-rata basis to all customers so affected receiving exchange service within the boundaries of that taxing entity. This tax charge, in all cases, will be in addition to the regular charges for local service and shall be set out as a separate item on the customer's bill.

Where a tax levied on a percentage of gross receipts, that percentage will be applied to each customer's bill so affected and the amount so computed will be added as a separate item to the customer's bill. Where a tax is levied other than on a percentage of gross receipts, a pro rata share of the total tax shall be added as a separate item to each customer's bill. All such taxes collected by the Company shall be paid to the city, county, or taxing authority in accordance with the promulgated regulations pertaining to each tax.

Missouri Public  
Service Commission

98-347  
FILED JUN 15 1999

Issued:

MAY 05 1999

Ross Babbitt, President  
McDonald County Telephone Co.  
P.O. Box 207  
Pineville, MO 64856

Effective: June 16, 1999

**LOCAL EXCHANGE SERVICE**4. Local Exchange Service (Cont'd)4.3 Concession

Full-time employees will be provided with local exchange service, and all custom calling, and CLASS features where available, without charge as excess capacity allows. Customer Activity Charges will not apply on services provided to full-time employees.

4.4 Exchange Rates

Unless otherwise specified, the charges quoted in this tariff are for the period of one month and includes calling within and between all McDonald County Telephone (T) Company exchanges without incurring a toll charge.

A.	<u>Local Exchange Service</u>	<u>Monthly Rate Per Line</u>	
	Business	\$14.00	(I)
	Residence	\$14.00	(I)

4.5 Local Exchange Map

The following exchange maps are attached to this tariff:

Anderson  
Jane  
Pineville

---

Issued: April 11, 2013

Ross Babbitt, President  
McDonald County Telephone Company  
704 Main Street  
P.O. Box 207  
Pineville, MO 64856-0207

Effective: June 1, 2013

FILED  
Missouri Public  
Service Commission  
JI-2013-0440

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[illegible]

FCC Form 481  
OMB Control No. 3060-0986  
July 2013

(3005b) Operating Report for Privately-Held Rate of Return Carriers  
Balance Sheet - Data Collection Form  
Page 2 of 3

<010> Study Area Code 471972  
<015> Study Area Name McDonald County  
<020> Program Year 2013  
<030> Contact Name - Person USA should contact regarding this data Andy Schein, CVAW Consulting Inc.  
<035> Contact Telephone Number - Number of person identified in data line <030> 715-594-5820  
<039> Contact Telephone Email Address - Email Address of person identified in data line <030> aschein@cvaw.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS	
ITEM	
1. Local Network Services Revenues	
2. Network Access Services Revenues	
3. Long Distance Network Services Revenues	
4. Carrier Billing and Collection Revenues	
5. Miscellaneous Revenues	
6. Uncollectible Revenues	
7. Net Operating Revenues (1 thru 5 less 6)	
8. Plant Specific Operations Expense	
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)	
10. Depreciation Expense	
11. Amortization Expense	
12. Customer Operations Expense	
13. Corporate Operations Expense	
14. Total Operating Expenses (8 thru 13)	
15. Operating Income or Margins (7 less 14)	
16. Other Operating Income and Expenses	
17. State and Local Taxes	
18. Federal Income Taxes	
19. Other Taxes	
20. Total Operating Taxes (17+18+19)	
21. Net Operating Income or Margins (15+16-20)	
22. Interest on Funded Debt	
23. Interest Expense - Capital Leases	
24. Other Interest Expense	
25. Allowance for Funds Used During Construction	
26. Total Fixed Charges (22+23+24-25)	
27. Nonoperating Net Income	
28. Extraordinary Items	
29. Jurisdictional Differences	
30. Nonregulated Net Income	
31. Total Net Income or Margins (21+27+28-29-30-26)	
32. Total Taxes Based on Income	
33. Retained Earnings or Margins Beginning of Year	
34. Miscellaneous Credits Year-to-Date	
35. Dividends Declared (Common)	
36. Dividends Declared (Preferred)	
37. Other Debts Year-to-Date	
38. Transfer to Patronage Capital	
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]	
40. Patronage Capital Beginning of Year	
41. Transfer to Patronage Capital	
42. Patronage Capital Credits Retired	
43. Patronage Capital End-of-Year (40+41-42)	
44. Annual Debt Service Payments	
45. Cash Ratio [(1+20-11)/7]	
46. Operating Asset Ratio [(14+20-26)/7]	
47. TIER [(31+26)/76]	
48. DSCR [(31+26+10+11)/44]	



(30050) Operating Report for Privately-Held Rate of Return Carriers  
Balance Sheet - Data Collection Form  
Page 3 of 3

FCC Form 481  
OMB Control No. 3060-0986  
July 2013

<010> Study Area Code 421912  
<015> Study Area Name McDonald County  
<020> Program Year 2013  
<030> Contact Name - Person USAC should contact regarding this data Andy Schein, GVNW Consulting Inc.  
<035> Contact Telephone Number - Number of person identified in data line <030> 719-594-5820  
<039> Contact Telephone Email Address - Email Address of person identified in data line <030> aschein@gvnw.com

PART C. STATEMENTS OF CASH FLOWS

CASH FLOWS FROM OPERATING ACTIVITIES	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
2. Net Income	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	Deferred Income Tax
6. Decrease/(Increase) in Accounts Receivable	Changes in Operating Assets and Liabilities
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	Transfer of Investments and Advances to Affiliates, net
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	Cash Value Life Insurance
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	